MAXIMUS Federal Services

Case Number:	CM15-0008310		
Date Assigned:	01/26/2015	Date of Injury:	01/06/2012
Decision Date:	03/20/2015	UR Denial Date:	12/19/2014
Priority:	Standard	Application Received:	01/13/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
State(s) of Licensure: California, Hawaii
Certification(s)/Specialty: Physical Medicine & Rehabilitation

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 54 year old male, who sustained a work related injury on 1/6/12. The diagnoses have included left knee posterior horn tear lateral meniscus. Treatments to date have included left knee surgery, oral medications, and MRI left knee. The injured worker complains of pain and cracking/grinding in left knee. He rates the pain a 2/10 with medications and a 6-7/10 off of medications. He is having problems with activities because of the pain. He has 90% normal range of motion in left knee. On 12/19/14, Utilization Review non-certified a prescription request for Theramine #100. The California MTUS, Chronic Pain Treatment Guidelines, were cited.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Theramine # 100: Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation ODG Pain Chapter Theramine

Decision rationale: The patient presents with pain affecting the left knee. The current request is for Theramine #100. The treating physician states, "it was my medical decision based on the patient's history to incorporate the use of Theramine as a reasonable and necessary treatment regimen for this patient's medical condition. I have prescribed Theramine to help adsorption of NSAID." (11A, 20C) The ODG guidelines state, "not recommended for the treatment of chronic pain." In this case, the treating physician has prescribed a medical food that is not recommended by the ODG guidelines. The current request is not medically necessary and the recommendation is for denial.